

| <b>AMENDMENT TRANSMITTAL LETTER</b>   |   |   |                                       | Docket No.<br><b>062698</b>        |             |  |   |   |                                   |      |  |                     |          |        |   |         |      |                               |          |       |   |          |      |   |  |  |  |  |  |                                    |  |  |  |  |  |   |  |  |  |  |             |
|---|---|---|---------------------------------------|------------------------------------|-------------|--|---|---|-----------------------------------|------|--|---------------------|----------|--------|---|---------|------|-------------------------------|----------|-------|---|----------|------|---|--|--|--|--|--|------------------------------------|--|--|--|--|--|---|--|--|--|--|-------------|
| Application No.<br><b>10/584,266-Conf. #5652</b>  |   | Filing Date<br><b>June 23, 2006</b>     |                                       | Examiner<br><b>C. L. Rademaker</b> |             |  |   |   |                                   |      |  |                     |          |        |   |         |      |                               |          |       |   |          |      |   |  |  |  |  |  |                                    |  |  |  |  |  |   |  |  |  |  |             |
| Art Unit<br><b>1727</b>   |   |   |                                       |                                    |             |  |   |   |                                   |      |  |                     |          |        |   |         |      |                               |          |       |   |          |      |   |  |  |  |  |  |                                    |  |  |  |  |  |   |  |  |  |  |             |
| Applicant(s): <b>Masato Iwanaga et al.</b>  |   |   |                                       |                                    |             |  |   |   |                                   |      |  |                     |          |        |   |         |      |                               |          |       |   |          |      |   |  |  |  |  |  |                                    |  |  |  |  |  |   |  |  |  |  |             |
| Invention: <b>NONAQUEOUS ELECTROLYTE SECONDARY BATTERY</b>  |   |   |                                       |                                    |             |  |   |   |                                   |      |  |                     |          |        |   |         |      |                               |          |       |   |          |      |   |  |  |  |  |  |                                    |  |  |  |  |  |   |  |  |  |  |             |
| <b>TO THE COMMISSIONER FOR PATENTS</b>  |   |   |                                       |                                    |             |  |   |   |                                   |      |  |                     |          |        |   |         |      |                               |          |       |   |          |      |   |  |  |  |  |  |                                    |  |  |  |  |  |   |  |  |  |  |             |
| Transmitted herewith is an amendment in the above-identified application.   |   |   |                                       |                                    |             |  |   |   |                                   |      |  |                     |          |        |   |         |      |                               |          |       |   |          |      |   |  |  |  |  |  |                                    |  |  |  |  |  |   |  |  |  |  |             |
| The fee has been calculated and is transmitted as shown below.  |   |   |                                       |                                    |             |  |   |   |                                   |      |  |                     |          |        |   |         |      |                               |          |       |   |          |      |   |  |  |  |  |  |                                    |  |  |  |  |  |   |  |  |  |  |             |
| <b>CLAIMS AS AMENDED</b>  |   |   |                                       |                                    |             |  |   |   |                                   |      |  |                     |          |        |   |         |      |                               |          |       |   |          |      |   |  |  |  |  |  |                                    |  |  |  |  |  |   |  |  |  |  |             |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%; text-align: center;">Claims<br/>Remaining<br/>After<br/>Amendment</th> <th style="width: 15%; text-align: center;">Highest<br/>Number<br/>Previously<br/>Paid</th> <th style="width: 15%; text-align: center;">Number<br/>Extra Claims<br/>Present</th> <th style="width: 15%; text-align: center;">Rate</th> <th style="width: 15%;"></th> </tr> </thead> <tbody> <tr> <td><b>Total Claims</b></td> <td style="text-align: center;"><b>9</b></td> <td style="text-align: center;">- 20 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 60.00</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td><b>Independent<br/>Claims</b></td> <td style="text-align: center;"><b>1</b></td> <td style="text-align: center;">- 3 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 250.00</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td colspan="5"><b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="5"><b>Other fee (please specify):</b></td> <td></td> </tr> <tr> <td colspan="5"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b></td> <td style="text-align: center;"><b>0.00</b></td> </tr> </tbody> </table> |   |   |                                       |                                    |             |  | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate |  | <b>Total Claims</b> | <b>9</b> | - 20 = | 0 | x 60.00 | 0.00 | <b>Independent<br/>Claims</b> | <b>1</b> | - 3 = | 0 | x 250.00 | 0.00 | <b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/> |  |  |  |  |  | <b>Other fee (please specify):</b> |  |  |  |  |  | <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> |  |  |  |  | <b>0.00</b> |
|   | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present     | Rate                               |             |  |   |   |                                   |      |  |                     |          |        |   |         |      |                               |          |       |   |          |      |   |  |  |  |  |  |                                    |  |  |  |  |  |   |  |  |  |  |             |
| <b>Total Claims</b>   | <b>9</b>                                  | - 20 =                                  | 0                                     | x 60.00                            | 0.00        |  |   |   |                                   |      |  |                     |          |        |   |         |      |                               |          |       |   |          |      |   |  |  |  |  |  |                                    |  |  |  |  |  |   |  |  |  |  |             |
| <b>Independent<br/>Claims</b>   | <b>1</b>                                  | - 3 =                                   | 0                                     | x 250.00                           | 0.00        |  |   |   |                                   |      |  |                     |          |        |   |         |      |                               |          |       |   |          |      |   |  |  |  |  |  |                                    |  |  |  |  |  |   |  |  |  |  |             |
| <b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>   |   |   |                                       |                                    |             |  |   |   |                                   |      |  |                     |          |        |   |         |      |                               |          |       |   |          |      |   |  |  |  |  |  |                                    |  |  |  |  |  |   |  |  |  |  |             |
| <b>Other fee (please specify):</b>  |   |   |                                       |                                    |             |  |   |   |                                   |      |  |                     |          |        |   |         |      |                               |          |       |   |          |      |   |  |  |  |  |  |                                    |  |  |  |  |  |   |  |  |  |  |             |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>   |   |   |                                       |                                    | <b>0.00</b> |  |   |   |                                   |      |  |                     |          |        |   |         |      |                               |          |       |   |          |      |   |  |  |  |  |  |                                    |  |  |  |  |  |   |  |  |  |  |             |
| <input checked="" type="checkbox"/> Large Entity  |   |   | <input type="checkbox"/> Small Entity |                                    |             |  |   |   |                                   |      |  |                     |          |        |   |         |      |                               |          |       |   |          |      |   |  |  |  |  |  |                                    |  |  |  |  |  |   |  |  |  |  |             |
| <input type="checkbox"/> No additional fee is required for this amendment.  |   |   |                                       |                                    |             |  |   |   |                                   |      |  |                     |          |        |   |         |      |                               |          |       |   |          |      |   |  |  |  |  |  |                                    |  |  |  |  |  |   |  |  |  |  |             |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.   |   |   |                                       |                                    |             |  |   |   |                                   |      |  |                     |          |        |   |         |      |                               |          |       |   |          |      |   |  |  |  |  |  |                                    |  |  |  |  |  |   |  |  |  |  |             |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.   |   |   |                                       |                                    |             |  |   |   |                                   |      |  |                     |          |        |   |         |      |                               |          |       |   |          |      |   |  |  |  |  |  |                                    |  |  |  |  |  |   |  |  |  |  |             |
| <input type="checkbox"/> Payment by credit card.  |   |   |                                       |                                    |             |  |   |   |                                   |      |  |                     |          |        |   |         |      |                               |          |       |   |          |      |   |  |  |  |  |  |                                    |  |  |  |  |  |   |  |  |  |  |             |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u><b>50-2866</b></u> as described below. A duplicate copy of this sheet is enclosed.  |   |   |                                       |                                    |             |  |   |   |                                   |      |  |                     |          |        |   |         |      |                               |          |       |   |          |      |   |  |  |  |  |  |                                    |  |  |  |  |  |   |  |  |  |  |             |
| <input type="checkbox"/> Credit any overpayment.  |   |   |                                       |                                    |             |  |   |   |                                   |      |  |                     |          |        |   |         |      |                               |          |       |   |          |      |   |  |  |  |  |  |                                    |  |  |  |  |  |   |  |  |  |  |             |
| <input type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.   |   |   |                                       |                                    |             |  |   |   |                                   |      |  |                     |          |        |   |         |      |                               |          |       |   |          |      |   |  |  |  |  |  |                                    |  |  |  |  |  |   |  |  |  |  |             |
| /Kenneth H. Salen/  |   |   | Dated: <u><b>January 9, 2012</b></u>  |                                    |             |  |   |   |                                   |      |  |                     |          |        |   |         |      |                               |          |       |   |          |      |   |  |  |  |  |  |                                    |  |  |  |  |  |   |  |  |  |  |             |
| Kenneth H. Salen  |   |   |                                       |                                    |             |  |   |   |                                   |      |  |                     |          |        |   |         |      |                               |          |       |   |          |      |   |  |  |  |  |  |                                    |  |  |  |  |  |   |  |  |  |  |             |
| Attorney/Agent Reg. No. 43,077  |   |   |                                       |                                    |             |  |   |   |                                   |      |  |                     |          |        |   |         |      |                               |          |       |   |          |      |   |  |  |  |  |  |                                    |  |  |  |  |  |   |  |  |  |  |             |
| WESTERMAN, HATTORI, DANIELS & ADRIAN, LLP   |   |   |                                       |                                    |             |  |   |   |                                   |      |  |                     |          |        |   |         |      |                               |          |       |   |          |      |   |  |  |  |  |  |                                    |  |  |  |  |  |   |  |  |  |  |             |
| 1250 Connecticut Avenue NW, Suite 700   |   |   |                                       |                                    |             |  |   |   |                                   |      |  |                     |          |        |   |         |      |                               |          |       |   |          |      |   |  |  |  |  |  |                                    |  |  |  |  |  |   |  |  |  |  |             |
| Washington, DC 20036  |   |   |                                       |                                    |             |  |   |   |                                   |      |  |                     |          |        |   |         |      |                               |          |       |   |          |      |   |  |  |  |  |  |                                    |  |  |  |  |  |   |  |  |  |  |             |
| (202) 822-1100  |   |   |                                       |                                    |             |  |   |   |                                   |      |  |                     |          |        |   |         |      |                               |          |       |   |          |      |   |  |  |  |  |  |                                    |  |  |  |  |  |   |  |  |  |  |             |